

LUPRON DEPOT PA SUMMARY

PREFERRED	Lupron Depot (adult 1 month, 3 month, 4 month intramuscular kits), Lupron Depot-Ped (1 month intramuscular kit)
NON-PREFERRED	Lupron Depot (adult 6 month intramuscular kit), Lupron Depot-Ped (3 month intramuscular kit)

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *The criteria details below are for the outpatient pharmacy program. If this medication is being administered in a physician's office, then the criteria information below does not apply. Instead, the physician's office must bill this drug through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov.*

PA CRITERIA:

- ❖ Medication must be administered in the member's home, by home health care, or in a long-term care facility
- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product for member's age (adult or pediatric) is not appropriate.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.